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Summary

¶1. Summary. Every two weeks, USEmbassy Pretoria publishes a public health newsletter highlighting South African health issues based on press reports and studies of South African researchers. Comments and analysis do not necessarily reflect the opinion of the U.S. Government. Topics of this week's newsletter cover: Study shows later transmission of HIV to babies; increases in pregnant HIV-positive women; fewer people have medical insurance; men and HIV testing; Isoniazid may reduce risk of death for South Africans in first six months of ART; PEPFAR-funded NGOs present progress at 2nd South African AIDS Conference; Circumcision prevents three out of four female-to-male HIV infections. End Summary.

Study Shows Increased Later Transmission of HIV to Babies
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¶2. According to research presented at the South Africa National AIDS Conference, many of the babies given nevirapine at birth to prevent the transmission of HIV from their mothers are being infected with the virus later in communities where health systems are weak. Research at three very different sites providing the prevention of mother to child HIV transmission (PMTCT) program showed that, after nine months, the site in the poorest area had almost double the transmission rate of the best resourced site. Research on 665 mother-baby pairs in the PMTCT program found that, three weeks after birth, only 8.6 percent of babies born in Paarl in the Western Cape, 11.9 percent in Umlazi in KwaZulu-Natal and 14.2 percent in Rietvlei in the Eastern Cape were HIV-positive. But between three and 36 weeks of age, there was a jump in HIV transmission by almost 20 percent in Rietvlei, the site in the poorest area with the weakest health service. This meant that almost 30 percent of babies born to HIV-positive mothers in Rietvlei were HIV-positive by nine months. This is almost the same proportion that would be infected without any drug treatment, meaning that at Rietvlei the benefits of the drug intervention were effectively cancelled out by the later HIV infections. In comparison, the HIV transmission rate between three weeks and nine months in the relatively well-resourced Paarl was only 7.8 percent, while 12.3 percent of babies in Umlazi had became HIV-positive in this time.

¶3. Most children infected after birth would have got HIV when their mothers mixed breastfeeding and formula feeding. Exclusive breastfeeding for six months or formula feeding are much safer options. In Paarl, the health care system was able to offer a reliable supply of formula milk to those mothers who wanted it and more women chose this option than at the other sites. It was also relatively easy for HIV-positive mothers to get child support grants and the environment seemed more accepting of HIV as 72 percent of the women had been able to disclose to family members that they had HIV. Far fewer mothers in Rietvlei (39 percent) and Umlazi (53 percent) felt comfortable enough to disclose their HIV status. To reduce the later HIV infection, the researchers proposed more effective counseling of mothers on safer feeding options for their babies, a consistent supply of formula milk and antiretroviral therapy for mothers with high viral loads. An environment in which mothers felt able to disclose their HIV status is also very important. Women who had disclosed to their families would be less likely to be pressured by their families to mix breast and formula feeding. The Good Start research was produced by HST in collaboration with the University of the Western Cape, MRC, Cadre and the University of KwaZulu-Natal. Source: hst.org.za, July 2005.

Increases in Pregnant HIV-Positive Women

¶4. According to the 2004 National HIV and Syphilis Antenatal Sero-prevalence Survey, the percentage of pregnant women living with HIV in South Africa for the year 2004 is 29.5, about 1.5

percent higher than in 2003. HIV infection was higher among women in their late twenties and early thirties, and lower among teenagers. The provinces of Free State, Mpumalanga and North West recorded slight decreases compared to 2003. Syphilis prevalence continues to decline in all age groups, suggesting prevention and treatment against the sexually transmitted infection are effective. The report also estimated the total number of HIV positive people in the country at the end of 2004 to be between 6.29 million and 6.57 million. The survey measures the HIV infection rate among 16,061 pregnant women seeking health care in the public sector.

¶5. When results of the 2004 antenatal survey were released, media coverage concentrated on trying to understand the discrepancy between the 4.5 million HIV-infected people provided by Stats SA and the more recent 6.3 to 6.6-million. AIDS experts seem to agree on about 5 million. The discrepancies are due to different methodologies and data, and since there is no one methodology for HIV estimation, varying estimates will continue to be produced.

¶6. Contrary to earlier claims, HIV prevalence among young South African women has not fallen. This survey shows that nearly 40 percent of young, pregnant women between 25 and 29 years are infected, while women in their early twenties and early thirties show rates of around 30 percent. Older women and importantly teenagers have prevalence rates of below 20 percent. More specifically the survey shows that over 16 percent of teenage, expectant mothers were HIV positive. Each age group from 15 to 24 shows a year-on-year increase. One in 10 15-year-olds were HIV positive, but by 24, over one in three women were HIV positive. The increases are as follows: 10 percent of 15 year-olds were HIV positive; 9.1 percent of 16 year-olds; 12.3 percent of 17-year-olds; 19 percent of 18-year-olds; 19.9 percent of 19-year-olds; 25.1 percent of 20-year-olds; 28.5 percent of 21-year-olds; 31.1 percent of 22-year-olds; 34.7 percent of 23-year-olds; and 35.5 percent of 24-year-olds.

¶7. Some population-based surveys suggest that young women are delaying sexual debuts and using condoms more often when they have sex. Analysts suggest that the pronounced rise in HIV prevalence among older women, all the way up to 40 years is unusual. One possible explanation could be that women who forego protected sex (because they're in steady relations or marriages and trust their partners, or because they wish to become pregnant) are facing extremely high odds of being infected with HIV. Another reason may be that women who have abstained from sex face very high odds of being infected once they do have sex because HIV infection is so prevalent. Similar trends in other southern African countries exist, where young women wait longer before having sex, but are then infected within a year or so of becoming sexually active. Source: Health-e News Service and Sapa, July 2005.

Fewer People Have Medical Insurance

¶8. According to the 2004 General Household Survey released by Stats SA, only 15 percent of South Africans have any form of medical insurance, below the 18 percent level shown in 1995. Whites and those living in Gauteng and the Western Cape have the highest coverage. Almost 70 percent of whites, 26.2 percent of those in Gauteng and 25.9 percent of those in the Western Cape enrolled in medical insurance policies. Limpopo residents had the lowest coverage (6.4 percent), followed by the Eastern Cape (9.6 percent). Only 7.2 percent of black Africans are insured, totaling 2.7 million African people out of a total of 37 million. Some 18.4 percent of coloureds and 36 percent of Indians have medical insurance. Over 39 million people out of the total population of almost 47 million have no medical insurance. Source: Health-e News, July 2005.

Men and HIV Testing

¶9. A recent study by Andrew Levack, a consultant with Engender Health South Africa, of men's attitudes towards using voluntary HIV-tests highlights reasons why only one in five people tested for HIV are men. The findings are grouped into three main themes - the personal, social and institutional. Personal reasons include fear of the results. The survey found that men tended to have their partners test for them, using negative results of their partners as reasons for not being tested. Social factors include issues of stigma and the fact that men are not socialized to test. And finally, institutional factors include concerns about the kind of treatment and confidentiality offered to men. The sample size of the study

was small, with interviews and focus groups with just 69 individuals, men and women from Soweto. The individuals represented a range of communities in Soweto, which included Diepkloof, Meadowlands, Kliptown. Source: HST Newsletter, July 2005.

Isoniazid May Reduce Risk of Death for South Africans in first

six months of ART

¶10. According to research reported at the Third International AIDS Society Conference on HIV Treatment and Pathogenesis in Brazil, South African miners receiving antiretroviral therapy (ART) are just as likely to die during the first six months of treatment as their untreated counterparts. The reduction in death and illness associated with ART only begins after six months of treatment. Many African clinicians have reported a high rate of mortality in patients starting ART in their clinics. The observation has led some to argue that less sick patients should be prioritized for ART, and so the London School of Hygiene group also set out to determine whether there are factors that place individuals starting ART at higher risk of death during the early months of treatment. Several factors have been suggested as especially problematic: (1) late treatment, often with a CD4 cell count below 50 cells/mm3, (2) active opportunistic infections, especially tuberculosis, and (3) presence of immune reconstitution syndrome, particularly due to prior or current infection with tuberculosis (TB). The study analyzed all individuals who had received ART through a workplace health program in a gold mining company in Kwa-Zulu Natal, comparing the risk of death with historical data from the same workplace treatment program prior to the introduction of ART. The size of the cohorts was similar, with 649 on treatment and 679 untreated. The median age was around 40 in both groups, and the median baseline CD4 cell count was 140 cells/mm3 in the treated group and 188 cells/mm3 in the untreated group. Median follow-up was approximately one year in each group. There was no significant difference in the relative hazard of death during the first six months of treatment compared to the historical control group after adjustment for baseline CD4 cell count, but the risk of death fell dramatically between months 6 and 12, and after month 12 in the treated group. The reduction in mortality rate per 100 person years of follow up was 1.8 deaths. Source: AIDSMAP, August 4.

PEPFAR-Funded NGOs Present Progress at 2nd South African AIDS Conference

¶11. A diverse group of non-governmental organizations (NGOs), funded by the United States President's Emergency Plan for AIDS Relief (PEPFAR), presented their first year's progress at a satellite conference of the 2nd South African AIDS Conference in Durban. Funded projects focused on providing aid to orphans and vulnerable children, faith-based HIV prevention services, voluntary counseling and testing services, collaborations with traditional healers, operational research into the long-term success of PMTCT programs, nurse-driven antiretroviral therapy, and antiretroviral treatment delivery in an antenatal clinic. PEPFAR provides funding to 76 primary partners and 153 sub-partners throughout South Africa's nine provinces. The partners include faith-based, community-based and non-governmental organizations, government, academic institutions, as well as public/private partnerships. The satellite conference showcased partnerships with the South African Government, including the Department of Defense, Department of Social Development and Department of Correctional Services. Several organizations reporting annual progress in their programs include: Nurturing Orphans and AIDS for Humanity (NOAH); Hope Worldwide; New Start VCT Services; Good Start Study; The Vulindlela CAT Project; and Starting ART in an antenatal clinic. Source: AIDSMAP, June 2005.

Circumcision Prevents Three out of Four Female-to-male HIV Infections

¶12. Researchers reported at the Third International Conference on HIV Pathogenesis and Treatment in Brazil strong evidence that male circumcision prevented female-to-male HIV transmission. The first ever randomized controlled trial (RCT) of male circumcision as an HIV prevention measure has been halted early and all participants have been offered circumcision. There were only 35 percent as many infections in the circumcision group as opposed to the control, implying that circumcision can prevent at least six out of ten female-to-male HIV transmissions. However, when the results were analyzed according to true circumcision status rather than by intervention group, the protective effect went up to 75 percent since there were crossovers between the intervention and control groups in that some men randomized to be circumcised were not, and some in the control group were. The trial, the first of four RCTs of circumcision being conducted in Africa, randomized 3,273 men aged 16 to 24 to be circumcised at the start of the trial or to be offered circumcision at the end of it, 21 months later. The men lived in the Orange Farm township near Johannesburg, South Africa. Circumcisions in the intervention arm were carried out by a surgeon under local anesthesia and with post-operative pain relief given. HIV incidence was measured at three and twelve months into the trial and finally at 21 months though the average follow-up period was in fact 20 months due to the premature termination

of the trial. Although all participants received intensive safer sex counseling and condoms, there were 51 HIV seroconversions in the control group versus 18 in the circumcision group. This translates as HIV incidences of 2.2% and 0.77% a year respectively. Circumcision studies are currently underway in other sites in Africa. Source: AIDSMap, July 27, 2005.

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